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CONFIRMATION NO. 6356

SERIAL NUMBER 10/675,722	FILING DATE 09/30/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO.												
APPLICANTS Alexander John Walacavage, Lansing, MI; John F. Holland, Haslett, MI;																
** CONTINUING DATA ***** This appln claims benefit of 60/414,255 09/30/2002 ABN																
** FOREIGN APPLICATIONS *****																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/24/2003																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding: 5px;"> Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div> </div> </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> STATE OR COUNTRY MI </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> SHEETS DRAWING 2 </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> TOTAL CLAIMS 5 </td> <td style="width: 15%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 2 </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;"> 35 USC 119 (a-d) conditions met Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> </div> </td> <td colspan="4" style="border-bottom: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Met after Allowance</div> <div>Initials</div> </div> </td> </tr> </table>					Foreign Priority claimed <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div> </div>	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2	35 USC 119 (a-d) conditions met Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Met after Allowance</div> <div>Initials</div> </div>					
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ADDRESS John F. Holland 1725 Maple Ridge Unit 5 Haslett , MI 48840																
TITLE Biodegradable wound dressing																
FILING FEE RECEIVED 375	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit
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